

DOCUMENT RESUME

ED 265 466

CG 018 790

AUTHOR Bogar, Anne
TITLE Selected Programs in Other States Relating to Adolescent Pregnancy Prevention. Wisconsin Legislative Council Staff Information Memorandum 85-3.
INSTITUTION Wisconsin State Legislative Council, Madison.
PUB DATE 3 Jun 85
NOTE 20p.
PUB TYPE Dissertations/Theses - Doctoral Dissertations (041)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; Early Parenthood; *Pregnancy; *Prevention; Social Services; State Agencies; *State Programs; Youth Programs

ABSTRACT

This information memorandum, prepared for the Wisconsin Special Committee on Pregnancy Options, provides a summary of selected programs in five other states relating to adolescent pregnancy prevention. The memorandum notes that the programs selected have state statutory or administrative rule mandates or receive substantial administrative and financial support from state government agencies, or both. The programs described represent different types of programs to prevent adolescent pregnancy which involve schools, families, youth-service agencies, community groups, health agencies, the media, or coalitions of various groups. The states and types of programs described include: (1) New Jersey: Mandatory Sex Education Program; (2) Minnesota: In-School Clinic Program Providing Reproductive and General Health Education and Services; (3) Michigan: Major Media Campaign and Contract Program; (4) New York: Grant Program for Adolescent Pregnancy Prevention Programs Integrating Reproductive-Related Services with Job-Training and Self-Awareness Education; and (5) Illinois: Coordinated Prevention Services for High-Risk Adolescents are Part of a Statewide Pregnant and Parenting Adolescent Program. Program description, implementation time, administration and funding, and relevant findings are given for each program. Two appendices provide legislation from New Jersey and New York. (ABB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

WISCONSIN LEGISLATIVE COUNCIL STAFF

INFORMATION MEMORANDUM 85-3

Room 147 North
State Capitol
Madison, Wisconsin 53702

By: Anne Bogar
Science Analyst
June 3, 1985

SELECTED PROGRAMS IN OTHER STATES
RELATING TO ADOLESCENT PREGNANCY PREVENTION

INTRODUCTION

This Information Memorandum, prepared for the Special Committee on Pregnancy Options, provides a summary of selected programs in five other states relating to adolescent pregnancy prevention. The programs selected have state statutory or administrative rule mandates or receive substantial administrative and financial support from state government agencies, or both. The programs selected represent different types of programs to prevent adolescent pregnancy which involve schools, families, youth-service agencies, community groups, health agencies, the media or coalitions of various groups.

There are numerous programs which have been initiated and implemented by local organizations in communities throughout the states. There are also numerous foundations and community groups with national membership which have provided funding and developed materials relating to programs for the prevention of adolescent pregnancy which are being used in various communities. This Information Memorandum does not describe these local programs.

Statewide intervention to prevent unintended adolescent pregnancy has recently begun to expand beyond providing reproductive-related information and services, such as sex education and family planning. Several states, including New York and Illinois, have used approaches which connect sex education and contraceptive information and services with general health services, individual counseling and support and life planning and decision-making. These approaches, as well as many implemented at the local level, attempt to impart knowledge, change attitudes and enhance life options--the prevention of adolescent pregnancy is one of the desired outcomes. In the more general life options programs, the prevention of adolescent pregnancy may be only an indirect outcome.

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Anne Bogar

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

ED265466

CG 018790

The states and type of programs described in this Information Memorandum include the following:

	<u>Page</u>
A. <u>New Jersey</u> : Mandatory Sex Education Program	2
B. <u>Minnesota</u> : In-School Clinic Program Providing Reproductive and General Health Education and Services	4
C. <u>Michigan</u> : Major Media Campaign and Contract Program	6
D. <u>New York</u> : Grant Program for Adolescent Pregnancy Prevention Programs Integrating Reproductive-Related Services With Job Training and Self-Awareness Education	8
E. <u>Illinois</u> : Coordinated Prevention Services for High- Risk Adolescents as Part of a Statewide Pregnant and Parenting Adolescent Program	9

A. NEW JERSEY

1. Program Description

Each local school district in New Jersey is mandated by state administrative rule to develop and implement a family life education curriculum, which includes instruction in "the physiological, psychological and cultural foundations of human development, sexuality and reproduction, at various stages of growth." [The Family Life Education Program, Title 6, Chapter 29, Subchapter 7, New Jersey Administrative Code (s. 6:29-7.1, NJAC); attached as Appendix 1 to this Information Memorandum.]

Each local school district is required to develop a family life education curriculum through appropriate continued consultation with and participation of teachers, school administrators, parents and guardians, pupils in grades 9 through 12, community members, physicians, members of the clergy and "representative members" of the community. Before any family life education program is implemented, the required consultation and participation must be demonstrated. Consultation must also be used as the program is revised in future years.

The parents and guardians of pupils enrolled in the district receive annually an outline of the family life education curriculum and a list of instructional materials for the grade of their child. The curriculum materials are available for parental review upon request. The family life education program in each local school district is to be implemented "comprehensively through the coordinate sequential elementary/secondary curriculum with instructional units appropriate to the age, growth and development, and maturity of the pupils."

The provisions of the family life education program also contain certification requirements for teaching staff members and provide for the use of appropriate community resource people. The State Department of Education is also required to provide technical assistance to local school districts in the development of family life education programs. The district board of education is required to establish procedures for excusing a pupil from any portion of the course upon submission of an appropriate signed statement by the pupil's parent or guardian.

As stated in the administrative rule [s. 6:29-7.1, NJAC], the goal of the family life education program is to "support the development of responsible personal behavior, strengthen their [students] own family life now, and aid in establishing strong family life for themselves [students] in the future thereby contributing to the enrichment of the community."

2. Program Implementation Time

The New Jersey Family Life Education Program was first authorized by Executive Order No. 66, in 1978, which directed the State Board of Education to adopt rules relating to the development of a family life education program. The State Board of Education subsequently adopted s. 6:29-7.1, NJAC, to implement family life education programs in school districts. The rules were to expire on April 1, 1985, unless readopted.

On March 6, 1985, the State Board of Education readopted s. 6:29-7.1, NJAC, with several technical amendments. The rules are based on the general authority granted to the State Board of Education under Title 18A, New Jersey Stats. Annot.

3. Administration and Funding

The primary responsibility for the Family Life Education Program lies with the local school district and the district board of education. The State Department of Education is charged with providing technical assistance to the local school districts upon request. There is no state

funding for the program other than the extent to which some portion of general state aids to school districts may be used for the local programs.

4. Relevant Findings

To date, there has been no comprehensive evaluation or data compiled on the effectiveness of the mandated family life education program in preventing or reducing the incidence of adolescent pregnancy.

B. MINNESOTA

1. Program Description

The St. Paul Maternal and Infant Care/Adolescent Health Services (MIC/AHS) offers health services to students during school hours at clinics located in four of St. Paul's public schools. The services include assessment or referral for illnesses; immunizations; athletic physicals; counseling for relationship problems, career planning, financial concerns and other social or emotional issues; weight control counseling and support groups; counseling for nutritional disorders; dental health screening; family planning; prenatal care; and other services.

Simple laboratory tests, such as pregnancy testing, may be performed at the clinics. The staff at the clinics also refer students to specialized services outside the clinics such as vocational counseling and job placement, long-term and in-depth psychological counseling and chemical dependency assessment evaluation and treatment. The clinics do not make referrals for abortions, due to grant restrictions on funds received from the Office of Adolescent Pregnancy Programs, U.S. Department of Health and Human Services.

Students from the "feeder" junior high schools, as well as students in the high schools served by the clinics, are eligible for clinic services. A signed parental consent form is required before any student may use the clinic services. The consent form describes the clinics and the scope of services offered. The services are confidential and are available without charge to students. Third parties may be billed by the clinics, unless the services are of a confidential nature.

In addition to health services available at the clinics, clinic staff have also been involved in various educational programs. Prenatal care, parenting and human sexuality classes were provided by clinic staff during the 1983-1984 school year.

As stated in the April 1985 St. Paul Maternal and Child Health Program annual report to the Minnesota Department of Health, the goal of the high school health clinics of the St. Paul MIC/AHS project, as established in 1973, was originally to reduce the negative effects of adolescent pregnancy and the pregnancy rate among adolescents. As the project developed, the goals of the program broadened to address a variety of adolescent health issues and concerns. The goals of the project now include educating students to be well-informed health care consumers and orienting students to an integrated approach to social, mental, emotional and physical health and wellness.

2. Program Implementation Time

The St. Paul MIC/AHS project has been providing multidisciplinary medical, educational and counseling services to high-risk mothers and infants in St. Paul since 1967. The high school based clinic program of the cooperative St. Paul MIC/AHS project began operating at one school in 1973. In 1976, the school closed; however, additional funds were sought and clinics opened in two other St. Paul high schools. Finally, in 1982, clinics began operating in two additional St. Paul high schools.

3. Administration and Funding

Two of the health clinics in the St. Paul high schools are funded through Federal Maternal and Child Health (MCH) block grant moneys which are administered through the Minnesota Department of Health. For calendar year 1985, the clinics received \$277,963 in MCH block grant moneys. The remaining two are funded with a \$207,000 federal grant from the Office of Adolescent Pregnancy Programs, U.S. Department of Health and Human Services. The clinics also receive approximately \$25,000 to \$30,000 annually in Medical Assistance reimbursements. The MCH block grant and federal grant funding for the program cover the costs of the clinic staff salaries and services. The schools provide the space and facility overhead costs.

The St. Paul high school clinics are part of a coordinated program of services offered by the St. Paul MIC/AHS project which is based at St. Paul Ramsey Medical Center (a county teaching hospital and tertiary-care center serving the eastern Twin Cities metropolitan area). Each of the school health clinics is operated by an interdisciplinary staff as follows: (a) nurse practitioner (20 to 24 hours per week); (b) social worker (20 to 24 hours per week); (c) medical assistant (35 hours per week); (d) obstetrician (2 to 4 hours per week); (e) pediatrician (2 to 4 hours per week); (f) pediatric nurse associate (4 hours per week); (g)

nutritionist (6 hours per week); (h) dental hygienist (2 hours per week); and (i) health educator (6 hours per week).

4. Relevant Findings

During the 1983-1984 school year, it was estimated that over 70% of the students at the four high schools (the 1983-84 student population at all four high schools was 5,924) were active registrants with the clinics. More than 50% of the students visited the clinics, averaging more than four visits per student. The purposes of the visits made by students were identified as follows:

- 34% were for minor or acute illnesses and preventive health services;
- 15% were for family planning services;
- 13% were for nutritional counseling;
- 14% were for counseling with a social worker; and
- 11% were for education and counseling services by a medical assistant or nurse practitioner.

During the 1983-84 school year, 972 females and 56 males requested family planning services.

The program has compiled data relating to the fertility rate (defined as the live birth rate to females) for female students at the high schools with the clinics. In general, the rates have continued to decline over the years in which the clinics have been operating. In the 1976-77 school year, the fertility rate was 59 live births per 1,000 female students at the schools with the clinics. In 1983-84, the fertility rate was 26 live births per 1,000 female students at the schools with the clinics. This is a reduction of over 50%. There is no data on the number of pregnancies among female students at the schools with the clinics.

C. MICHIGAN

1. Program Description

Michigan has a statewide media campaign and grant program to prevent adolescent pregnancy and reduce the incidence of adolescent parenting. The program was initiated by the Michigan Department of Social Services (DSS) in the 1983 Governor's Budget with a line appropriation for an

adolescent pregnancy prevention and adolescent parent services program in the DSS.

Under the program, the DSS contracts with local agencies or organizations to provide adolescent pregnancy prevention and parenting services. To date, the 72 contracts include four contracts to develop media materials; 14 contracts for peer education programs; 17 contracts for community education programs to counter peer pressure to be sexually active at a young age; 25 contracts for counties to develop comprehensive plans on community needs and responses to reduce adolescent pregnancy and assist adolescent parents; 10 contracts to operate group homes for pregnant adolescents; and two contracts for DSS conferences, meetings and publicity on the program.

The publicity efforts include a major media campaign. This campaign will focus on public service announcements on television and radio, billboard and magazine ads, slide shows and videotaped programs and a 15-part series on adolescent pregnancy and parenting designed for television cable casting. One of the campaign slogans is "Do yourself a favor--save it for later." The media campaign was initiated at a news conference, sponsored by the National Bank of Detroit, on March 26, 1985.

The goals of the media campaign and contract program, as stated by DSS staff, are to encourage planned community direction, public awareness, adolescent education and individual personal concern about problems associated with adolescent pregnancy and parenting.

2. Program Implementation Time

The Michigan DSS began to implement the statewide contractual program in August 1984. The media campaign began in March 1985. The program is in its first operating year.

3. Administration and Funding

The statewide media campaign and contract program is administered by the Michigan DSS. The appropriation for the program was \$1 million in 1983-84 and \$1.7 million in 1984-85. The 1983-84 funds were carried over to 1984-85 because the program was not implemented by the DSS until the end of 1983-84. Thus, the program has \$2.7 million for its first year of operation. To date, \$2.4 million has been committed; \$300,000 remains uncommitted. Each contract has a maximum limit of \$50,000.

4. Relevant Findings

Due to the recent implementation date, there is no data available on the effectiveness of Michigan's adolescent pregnancy prevention effort.

D. NEW YORK

1. Program Description

The State of New York enacted an Adolescent Pregnancy Prevention and Services Act (APPSA; Section 465, Article B-A, New York Statutes) to "develop and expand prevention programs aimed at decreasing the incidence of adolescent pregnancy." [The APPSA is included as Appendix 2 to this Information Memorandum.]

The APPSA creates a grant program to develop and support comprehensive programs relating to adolescent pregnancy prevention and services to pregnant adolescents and adolescent parents. The intent of the grant program is to augment adolescent pregnancy prevention efforts by local private and public agencies which currently focus on birth control information and services by encouraging the development of comprehensive services to adolescents, including peer counseling, adult role models, sexuality counseling for males, job training and placement services and self-esteem incentives.

The grant program targets communities with the largest number of pregnant adolescents and the highest rate of adolescent pregnancy and provides support for public and private schools in those communities for voluntary family life education programs. Local agencies receiving funds for adolescent pregnancy services must: (a) demonstrate coordination with other local organizations; (b) develop a community service plan for outreach and promotion; and (c) contribute comparable support (financial, in-kind or volunteer services) from the private sector. County or municipal governments or subdivisions and "not-for-profit agencies" may apply for the 12-month grants.

2. Program Implementation Time

The APPSA was enacted in 1984 and remains in effect until March 1988. The first grants, totaling \$750,000, were just awarded to 22 adolescent pregnancy projects throughout the state in May 1985.

3. Administration and Funding

The New York DSS is authorized to request and receive community service project plans and requests for funding, in consultation with the Council on Children and Families. The DSS jointly administers the APPSA with the Council, the Education Department, the Health Department and the Division for Youth.

The original appropriation for the APPSA grants was for \$5 million in 1983-84 which was carried over to 1984-85. The first grants, totaling \$750,000, were awarded in May 1985 to 22 adolescent pregnancy prevention projects statewide.

4. Relevant Findings

Evaluations of the effectiveness of New York's grant program are not available at this time. However, a comprehensive evaluation of the projects funded is required by the APPSA.

E. ILLINOIS

1. Program Description

The Parents Too Soon Program is primarily an attempt to coordinate services to adolescents who may become parents. One aspect of the program is to prevent adolescent pregnancies. However, many of the services relate to reducing the risks associated with adolescent births and assisting adolescent parents. The program establishes a network to coordinate existing state services with those provided by local health departments, day care centers, local school districts, alcohol and substance abuse treatment centers and other public and private youth-serving groups. The primary services offered include a variety of general health and education services. The services related to preventing adolescent pregnancy include: family planning services, peer support groups, counseling and psychiatric services, child development and parent education, education and vocational programs, employment placement, consumer education and family life and sex education.

The program also funds demonstration projects which provide comprehensive health, social, educational and vocational services in three locations: (a) Chicago; (b) Winnebago County (Rockford); and (c) seven counties in southern Illinois.

The Illinois "Parents Too Soon" Program has four primary goals, as stated in program brochures: (a) to reduce the incidence of unintended

adolescent pregnancies; (b) to reduce the incidence of unfavorable birth outcomes of adolescent pregnancies; (c) to increase the number of healthy babies raised by adolescent parents; and (d) to improve the job skills of adolescents in the program.

The program also has three goals relating to the primary goal of reducing the incidence of an unintended adolescent pregnancy. The three goals are as follows: (a) to increase the continuation rates of adolescents in family planning services; (b) to reduce the incidence of repeat pregnancies among adolescent clients; and (c) to increase the availability of sex education in the schools, churches and other community organizations.

2. Program Implementation Time

The program was initiated in April 1983 when the Governor announced his intent to fund a comprehensive effort to support adolescents in Illinois who may become parents too soon. One impetus for the program was the availability of additional Social Service and MCH block grant funds through the Emergency Jobs Bill which targeted funding for social services in areas of high poverty and high unemployment. The program is in its second operating year (1984-85).

3. Administration and Funding

Ten state agencies are primarily involved in the administration of the Parents Too Soon Program. The lead agency is the Department of Public Health; the nine other agencies are: the Department of Public Aid; the Department of Children's Social Services; the Department of Mental Health and Developmental Disabilities; the Division of Services to Crippled Children--University of Illinois; the Department of Employment Security; the State Board of Education; the Department of Commerce and Community Affairs; the Department of Alcoholism and Substance Abuse; and the Governor's Planning Council on Developmental Disabilities. In addition, approximately 100 local public and private agencies offer services under the program through contracts with the State Departments of Public Health and Children and Family Services.

In the first year of the program, 1983-84, the program was appropriated \$12 million as follows: \$4.6 million in Federal MCH block grant funds; \$5.4 million in Federal Social Services grant funds; and \$2 million from the U.S. Department of Agriculture's Special Supplemental Food Program for Women, Infants and Children (WIC) funds. For 1984-85, the program was appropriated \$12 million as follows: \$10 million in Federal Social Services block grant funds and \$2 million in WIC funds.

[NOTE: The Social Services block grant appropriation was increased because MCH block grant funds were not available at the beginning of 1984-85.] There are no state appropriations for the program.

4. Relevant Findings

Information on the effectiveness of the Parents Too Soon Program is not available. The initial implementation of the Program focused on the development of publicity and providing various planning and services grants. The Department of Public Health has plans for an evaluation of the program after the fourth year of operation. Partial funding for this evaluation from a private foundation has been obtained.

AB:kjh:md:wf;jc

NEW JERSEY ADMINISTRATIVE CODE

TITLE 6

EDUCATION

SUBTITLE F. DIVISION OF CURRICULUM AND INSTRUCTION

CHAPTER 29. HEALTH, SAFETY AND PHYSICAL EDUCATION

SUBCHAPTER 7. FAMILY LIFE EDUCATION PROGRAMS

AUTHORITY: N.J.S.A. 18A:4-10, 18A:4-15, 18A:7A-1, 18A:33-1,
18A:35-4.6, 18A:35-5, 18A:35-6, 18A:35-7

6:29-7.1 Family life education

(a) As used in this subchapter, "family life education program" means instruction to develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of interpersonal relationships; the physiological, psychological and cultural foundations of human development, sexuality, and reproduction, at various stages of growth; the opportunity for pupils to acquire knowledge which will support the development of responsible personal behavior, strengthen their own family life now, and aid in establishing strong family life for themselves in the future thereby contributing to the enrichment of the community.

(b) The family life education curriculum shall be developed through appropriate consultation and participation of teachers, school administrators, parents and guardians, pupils in grades 9 through 12, community members, physicians, members of the clergy and representative members of the community. The local school district

shall demonstrate prior to the initiation of any local school district program that the above consultation and participation have taken place. The process of consultation shall be continued as the program is revised in future years.

1. The parents and guardians of pupils enrolled in the district shall receive annually an outline of the curriculum and a list of instructional materials for the grade of their child including notification about how to receive a copy of the curriculum. The district shall make available for review in each school the complete curriculum and all instructional materials prior to use in the classroom. Upon the request of parents and guardians, the material shall be made available for their review.

(c) The district's family life education program shall be implemented comprehensively through the coordinate sequential elementary/secondary curriculum with instructional units appropriate to the age, growth and development, and maturity of the pupils.

(d) Districts that develop their program with an interdisciplinary approach may use teachers from other disciplines to assist those staff members authorized to give instruction in family life education.

(e) Teaching staff members holding one of the following certificates are authorized to teach in the district's family life education program:

1. Biology;
2. Comprehensive science;

3. Elementary;
4. Health education;
5. Health and physical education;
6. Home economics;
7. Nursery;
8. School nurse;
9. Teacher of psychology[.];
10. Special Education.

(f) Districts may use resource people to assist with their program; that is, physicians, members of the clergy, attorneys, parents and guardians, school social workers, school psychologists, law enforcement personnel, and others as necessary.

(g) The local school district shall provide for in-service education to those teachers responsible for family life education programs.

(h) The State Department of Education shall provide technical assistance to local school districts in the development of family life education programs.

(i) The [local] district board of education shall establish procedures whereby any pupil, whose parent or guardian presents to the school principal a signed statement that any part of the instruction in family life education is in conflict with his[//]or her conscience, or sincerely held moral or religious beliefs, shall be excused from that portion of the course where such instruction is being given and no penalties as to credit or graduation shall result therefrom[,] (N.J.S.A. 18A:35-4.6 et seq.).

[(j) Each district board of education shall adopt a policy by September, 1981, for the development of a family life education program in the local district. The implementation of the family life education program shall be completed by September, 1983.]

[(k)](j) This subchapter is subject to all of the provisions of N.J.A.C. 6:8-4.2.

STATE OF NEW YORK

10026--A

IN SENATE

June 21, 1984

Introduced by Sens. SMITH, PRESENT, GALIBER, GOODHUE -- (at request of the Governor) -- read twice and ordered printed, and when printed to be committed to the Committee on Finance -- reported favorably from said committee and committed to the Committee on Rules -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the social services law, in relation to creating comprehensive programs addressing adolescent pregnancy, prevention, pregnant adolescents and adolescent parents

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. Legislative findings and declaration. The legislature
2 finds that the issue of adolescent pregnancy and teenage parenthood is a
3 serious problem and of paramount concern. The purpose of the adolescent
4 pregnancy prevention and services act is to develop and expand prevention
5 programs aimed at decreasing the incidence of adolescent pregnancy.
6 The intent of this legislation is also to provide for the establishment
7 of a comprehensive and coordinated approach to prevent initial and
8 repeated pregnancy and to deal more effectively with the consequences
9 associated with adolescent parenting.
10 § 2. The social services law is amended by adding a new article eight-
11 A to read as follows:

12
13 ARTICLE 8-A
14 ADOLESCENT PREGNANCY PREVENTION AND SERVICES ACT
15 OF NINETEEN HUNDRED EIGHTY-FOUR

16 Section 465. Definitions.

- 17 465-a. Administration.
18 465-b. Community service project plans.
19 465-c. Use of funds.
20 465-d. Evaluation.
21 465-e. Report.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets
[] is old law to be omitted.

LBD16404-05-4

1 § 465. Definitions. For the purposes of this article the following
2 definitions shall apply:

3 1. "Council" means those member state agencies of the council on chil-
4 dren and families, created pursuant to article nineteen-C of the exe-
5 cutive law.

6 2. "Eligible adolescent" means a person aged eighteen or under who is
7 at risk of becoming a parent, is pregnant, or is a parent.

8 3. "Services for eligible adolescents" means those services, including
9 but not limited to: vocational and educational counseling, job skills
10 training, family life and parenting education, life skills development,
11 coordination, case management, primary preventive health care, family
12 planning, social and recreational programs, child care, outreach and ad-
13 vocacy, follow-up, crisis intervention, and efforts to stimulate commu-
14 nity interest and involvement.

15 § 465-a. Administration. 1. The department is authorized to request
16 and receive community service project plans, as defined in section four
17 hundred sixty-five-b of this article. Requests for such plans shall be
18 developed in consultation with the council. Such projects shall be lim-
19 ited to a twelve month duration but may, with the approval of the
20 department, be renewed for additional twelve month periods based on
21 demonstrated effectiveness, need, and availability of funds. The depart-
22 ment, in consultation with the council, shall offer technical assistance
23 in the development of such plans.

24 2. The department, in consultation with the council, shall review such
25 community service project plans. The commissioner, within appropriations
26 made therefor, may approve such plans for funding in accordance with the
27 provisions of this article. In approving or disapproving the funding of
28 such plans, the commissioner shall only approve projects which meet the
29 requirements set forth in section four hundred sixty-five-b of this ar-
30 ticle and shall give priority to projects which:

31 (a) stress the development and expansion of primary prevention pro-
32 grams aimed at decreasing the incidence of adolescent pregnancy, and the
33 establishment of a comprehensive and coordinated approach to prevent in-
34 itial and repeated pregnancy and to deal more effectively with the con-
35 sequences associated with adolescent parenting;

36 (b) serve a geographic area where there is a large number of eligible
37 adolescents, or a high rate of adolescent pregnancy;

38 (c) serve a geographic area where the incidence of infant mortality
39 and the prevalence of low-income families are high and where the availa-
40 bility or accessibility of services for eligible adolescents is low;

41 (d) utilize existing community resources; and

42 (e) maximize the use of federal, or other state, private and local
43 resources.

44 § 465-b. Community service project plans. 1. Plans for community ser-
45 vice projects may be submitted to the department by not-for-profit agen-
46 cies or by county or municipal governments, or any subdivision thereof.
47 Such plan shall:

48 (a) include a statement of project goals and objectives and a descrip-
49 tion of the services to be provided to meet such goals and objectives;

50 (b) identify the geographic area to be served, which may include a
51 county, municipality or any subdivision thereof, or a combination of
52 counties, municipalities or subdivisions thereof;

53 (c) identify the prevalence and incidence of adolescent pregnancy and
54 parenting and related problems to be addressed by the project in the

BEST COPY AVAILABLE

S. 1002b--A

3

1 geographic area; and a description, by number and characteristics, of
2 the project's target population to be served;

3 (d) describe the services currently available to serve the eligible
4 adolescents which may help reinforce the goals and objectives of the
5 community service project;

6 (e) describe how services for eligible adolescents will be coordinated
7 within such project plans, and efforts to be made to improve client ac-
8 cess to such services by improving interagency cooperation and program
9 coordination;

10 (f) describe how the project funds received pursuant to this article
11 will be used;

12 (g) describe the community's involvement in the project plan, and the
13 involvement of relevant agencies and appropriate groups involved within
14 such project plan;

15 (h) describe how the proposed services are relevant to the population
16 being served; and

17 (i) describe the method to be used to evaluate and report upon the ef-
18 fectiveness of the community service project funded under the provisions
19 of this article.

20 § 465-c. Use of funds. 1. Subject to amounts made available therefor,
21 such funds shall be made available for up to seventy-five percent of ap-
22 proved community service project plan expenditures after first deducting
23 therefrom any federal or other state funds received or to be received on
24 account thereof. The remaining twenty-five percent cost of such plan may
25 be met by local governmental or private funds, services or property. The
26 commissioner, within his discretion, may, however, waive the twenty-five
27 percent requirement if he determines that a plan, which otherwise meets
28 the requirements of this article, is unable to obtain local governmental
29 or private funding, services or property. Any such waiver shall be
30 requested upon submittal of such plan to the commissioner. No more than
31 five percent of the funds approved under this article shall be retained
32 by the department for administrative and evaluation purposes.

33 2. Funds granted to not-for-profit corporations or governmental enti-
34 ties pursuant to the adolescent pregnancy prevention and services act
35 shall not be used to supplant other federal, state or local funds.

36 § 465-d. Evaluation. The department, in consultation with the council,
37 shall arrange for a comprehensive evaluation of the implementation and
38 effectiveness of the provisions of this article and of the effectiveness
39 of the individual community service projects funded under this article.

40 § 465-e. Report. 1. Community service projects funded under this arti-
41 cle shall submit an annual report to the department and the council.
42 This report shall include an evaluation of the effectiveness of services
43 rendered in attaining the project's designated goals and objectives; a
44 project assessment made by community-based public and private service
45 providers who cooperatively served the project-eligible population;
46 identification of duplications or gaps in needed services existing in
47 the project-designated community; and any existing policies or practices
48 which hinder effective community planning and coordination, including
49 those affecting adolescents' access to needed service. The report shall
50 also include recommendations for improving the delivery of community-
51 based services relating to adolescent pregnancy and parenthood.

52 2. The department in consultation with the council shall submit a
53 final report to the governor and the legislature on or before the first
54 day of January, nineteen hundred eighty-eight on the effectiveness of
55 reaching the goals and objectives sought under the provisions of this

BEST COPY AVAILABLE

S. 10026--A

4

1 article. The report shall include a performance review of all community
2 service projects funded under this article. The report shall address the
3 appropriateness of continuing the provisions of this article, and the
4 feasibility of replicating services in other areas of the state. The
5 report shall include recommendations based on the experience gained un-
6 der the provisions of this article for change in statewide policies af-
7 fecting publicly-funded programs affecting pregnant and parenting
8 adolescents.

9 § 2. Funds appropriated for the adolescent pregnancy program pursuant
10 to chapter fifty of the laws of nineteen hundred eighty-four shall be
11 made available to the department of social services for the purposes of
12 this act.

13 § 3. This act shall take effect immediately and shall remain in full
14 force and effect until March thirty-first, nineteen hundred eighty-
15 eight.